## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average burd	den
hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

securitie to satisf	y the affirmations of Rule 10b	r that is intended ve defense																			
1. Name and Address of Reporting Person*  LANDY EUGENE W																5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LANDY EUGENE W							3. Date of Earliest Transaction (Month/Day/Year)									X Director 10% Owner					
(Last) (First) (Middle) 3499 ROUTE 9 NORTH SUITE 3C															2	X Officer (give title below) Other (specify below)  Chairman					
	OIL / NO	MIT SOITE SC			_																
(Street) FREEHOLD NJ 07728					4. If  -	If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicab Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting					
(City)	(S	State)	(Zip)													Person	l				
		Tak	ole I - N	on-Deri	vative	Sec	curitie	es Ac	quire	d, Di	sposed	of,	or Be	nefi	ciall	y Owned					
D			2. Transaction Date (Month/Day/Yea		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a 5)			and Securities Beneficia Owned Fo		у	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of ndirect Beneficial Ownership				
								Code	Code V An			(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
UMH Pro	perties, Inc	o.		09/16/	2024				G		10,000	(1)	D	\$20	).19	983,75	57.9	I	)		
UMH Pro	operties, Inc	э.														112,8	49	]	]	The Sheltered Family Trust	
UMH Pro	perties, Inc	o.		09/16/	/2024				G		10,000	n(1)	A	\$20	).19	154,3	80	]	] ]	Eugene W. and Gloria Landy Family Foundation	
UMH Pro	perties, Inc	o.														33,561	.288	1	] [	Landy & Landy Employees' Pension Plan	
UMH Properties, Inc.															42,912	2.51	]	]	Landy & Landy Employees' Profit Sharing		
			Table II								posed o				-	Owned		•			
1. Title of	2.	3. Transaction	3A. Deen	` • •	4.	Janis	5, Wai		•		able and		tle and		_	8. Price of	9. Num	ber of	10.	11. Nature	
Derivative Conversion Date		1	Executio if any (Month/D	n Date, Transa Code (			tion Number E		. Date Ex xpiration	n Date	•	Securities Und Securities Und Derivative Secu (Instr. 3 and 4)		Inderly Securit	/ing	Derivative Security (Instr. 5) Benef Owner Follow Repor		tive Owner ities Form: icially Direct or Ind ving (I) (Insted action(s)		of Indirect Beneficial Ownership ct (Instr. 4)	
			Ì										Amou or	int							

			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Number of Shares			
UMH Properties, Inc.	\$15.66						03/26/2025	03/26/2034	UMH Properties, Inc.	100,000	100,000	D	
UMH Properties, Inc.	\$14.36						03/21/2024	03/21/2033	UMH Properties, Inc.	75,000	75,000	D	
UMH Properties, Inc.	\$18.52						09/09/2023	09/09/2032	UMH Properties, Inc.	100,000	100,000	D	
UMH Properties, Inc.	\$22.57						07/14/2022	07/14/2031	UMH Properties, Inc.	100,000	100,000	D	
UMH Properties, Inc.	\$9.7						03/25/2021	03/25/2030	UMH Properties, Inc.	100,000	100,000	D	
UMH Properties, Inc.	\$13.9						04/02/2020	04/02/2029	UMH Properties, Inc.	100,000	100,000	D	
UMH Properties, Inc.	\$13.09						04/02/2019	04/02/2028	UMH Properties, Inc.	100,000	100,000	D	
UMH Properties, Inc.	\$15.04						04/04/2018	04/04/2027	UMH Properties, Inc.	100,000	100,000	D	

## Explanation of Responses:

1. Intra-family gift transfer.

Nelli Madden 09/18/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).